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# GI malignancies in Australian general practice

The BEACH program, a continuous national study of general practice activity in Australia, gives us an overview of consultations involving the management of gastrointestinal (GI) malignancy. In this analysis we have included all bowel cancers; upper GI malignancies (stomach, oesophagus); and 'other' which include carcinomas of the liver, gall bladder, pancreas, tongue and parotid gland. This synopsis provides a backdrop against which the theme articles in this issue of *Australian Family Physician* can be further considered.

**Gastrointestinal (GI) malignancies were managed in BEACH 1345 times between 1998 and 2005, at a rate of 0.2 per 100 encounters. This represents an average of 190 000 encounters at which GI malignancies are managed in any 1 year. Bowel cancer was the commonest of these conditions, accounting for almost two-thirds of contacts. The 'other' group made up over a quarter of GI malignancies; the most common being carcinoma of the pancreas (9.5%) and liver cancer (3.4%). Upper GI malignancies accounted for 12%, with stomach and oesophageal carcinomas each making up 6% of the total (Figure 1).**

## Age and sex of patients

The age and sex of patients at encounters where a GI malignancy was managed differed from the average for BEACH. The proportion of males was much higher (52% of patients compared with 41% of all encounters). This can also be seen in the sex specific rates, with GI malignancy managed at 0.3 per 100 male encounters compared with 0.2 per 100 female encounters.

The rate of GI malignancy encounters increased with age of patients. Age specific rate for patients aged 45–64 years corresponded to the average, 0.2 per 100 encounters, while the rate for patients aged 65 years and over was 0.5 per 100.

## Patient reasons for encounter

The most common reason for encounter was request for a prescription, stated by patients at 15 per 100 of encounters. Malignant neoplasm of the colon/rectum was the recorded reason at 13 per 100 GI malignancy encounters. Test results,

malignant digestive neoplasms (unspecified site) and abdominal pain were also common reasons.

## Other problems managed

Anaemia was managed at a higher rate of 2.1 per 100 encounters compared with the BEACH average of 0.5 per 100. Ischaemic heart disease was managed marginally more often than average, probably reflecting the number of older patients at these encounters. Depression and osteoarthritis were managed significantly less often than average, while lipid disorders were managed marginally less often.

## Medications

In BEACH, the average rate of medication prescription/advice/supply is approximately 70 per 100 problems managed, but for GI malignancies the rate was much lower, at 47 per 100 problems managed. Morphine was prescribed at one in 10 encounters, and metoclopramide, oxycodone and paracetamol/codeine were also commonly prescribed.

## Other treatments

Other treatments such as counselling, therapeutic and diagnostic procedures, were provided at a rate of 34 per 100 GI malignancy problems, which was close to the average for BEACH. Therapeutic counselling and listening were most often provided, at 15 per 100 GI malignancy problems. Observation/health education/advice was provided at a rate of 10 per 100 of these problems.

## Referrals

The average referral rate for BEACH is 8 per 100 problems

managed. Patients were referred for GI malignancies at the much higher rate of 22 referrals per 100 of these problems. Referrals were made most frequently to surgeons, followed by gastroenterologists and oncologists.

the average rate for BEACH (25 per 100). Full blood counts and liver function tests were the most frequent, ordered at a rate of 8 and 5 per 100 GI malignancy problems respectively.

Conflict of interest: none.

### Pathology orders

Pathology tests were ordered at a rate of 32 per 100 GI malignancy problems, which was significantly higher than

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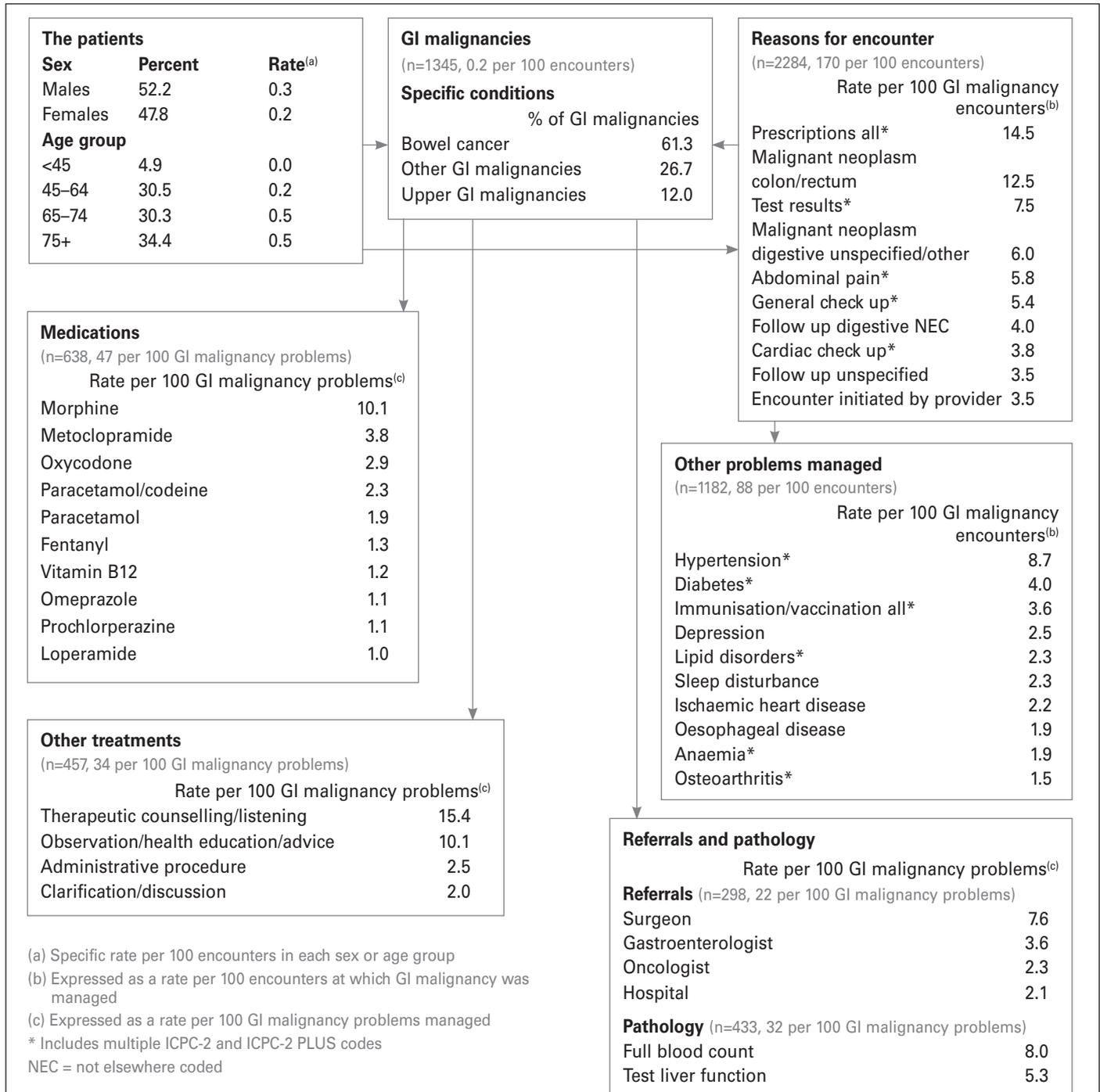


Figure 1. Content of encounters at which GI malignancies were managed